Audits - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

January 20, 2009

Donna Wheeler, LCSW, Director Humboldt County Mental Health Branch 720 Wood Street Eureka, CA 95501

Federal Share of

Dear Ms. Wheeler:

#### AUDIT REPORT - HUMBOLDT COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Humboldt County Mental Health Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

Net Program Costs

The effect of this revised allowable program costs is as follows:

# Settled Allowed Adjustment Federal Share of Short-Doyle/Medi-Cal \$7,309,169 \$6,697,349 \$(611,820)

Healthy Families \$ 116,200 \$ 104,683 \$ (11,517)

State General Funds
EPSDT Due State \$ 2,804,007 \$ 2,505,552 \$ (298,455)

Donna Wheeler, LCSW, Director January 20, 2009 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

TONY GAAN, Supervisor

Audits - Bay & Central Region

**Enclosures** 

**CERTIFIED MAIL** 

## HUMBOLDT COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2004

				Audit	
			As Settled	Adjustments	As Audited
NET REIMBURSABLE MEDI-CAL					
PROGRAM COSTS					
COUNTY PROVIDERS					
MEDI-CAL - FFP	(Sch. 2a)	\$	6,677,020	\$ (603,257)	\$ 6,073,763
HEALTHY FAMILIES - FFP	(Sch. 2a)		116,200	(11,517)	104,683
TOTAL FFP - COUNTY PROVIDERS		\$	6,793,220	\$ (614,774)	6,178,446
CONTRACT PROVIDERS					
MEDI-CAL - FFP	(Sch. 3b)	\$	632,149	\$ (8,563)	\$ 623,586
HEALTHY FAMILIES - FFP	(Sch. 3b)		_0_	0	0_
TOTAL FFP - COUNTY PROVIDERS		\$	632,149	\$ (8,563)	\$ 623,586
TOTAL FFP - COUNTY PLUS CONTRACT I	PROVIDERS				
MEDI-CAL - FFP	<u></u>	\$	7,309,169	\$ (611,820)	\$ 6,697,349
HEALTHY FAMILIES - FFP			116,200	(11,517)	104,683
TOTAL FFP - COUNTY PLUS CONTRACT	PROVIDERS	\$_	7,425,369	\$ (623,337)	\$ 6,802,032
SUMMARY OF STATE GENERAL FUNDS					
EPSDT - SGF	(Sch 4)	_	2,804,007	(298,455)	\$ 2,505,552

Note:

The As Settled amount includes a refund of \$207 to the State subsequent to the initial EPSDT settlement. (Refer to Adjustment 73)

## HUMBOLDT COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

#### COUNTY OPERATED FEDERAL

COL	INTY OPERATED FEDERAL							
						Audit		
			_	As Settled	_	Adjustments	_	As Audited
	l Medi-Cal Gross Reimbursement	0.771.040				(00.5 (0.5)		
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	1,739,275	\$	(225,435)	\$	1,513,840
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		10,080,842		(1,265,218)		8,815,624
3.	Enhanced SD/MC (Children) - 1/P	(MH1968, Ln 16, 16A)		0		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		55,767		55,767
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		774		(128)		646
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	_	163,930		(18,166)	_	145,764
9.	Total		\$ =	11,984,821	· \$_	(1,453,180)	\$=	10,531,641
Less	:: Patient & Other Payor Revenues							
	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	425,121	\$	0	\$	425,121
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		52,250		0		52,250
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15.	, ,	(MH1968, Ln 30)		0		0		0
16.		(MH 1968, Ln 31)		0		0		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
	Total	(	\$ -	477,371	\$		\$	477,371
			-		= =		=	<u> </u>
Me	di-Cal Net Reimbursement for Direct Services							
19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	1,314,154	\$	(225,435)	\$	1,088,719
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		10,028,592		(1,209,451)		8,819,141
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23.		(Ln 7 - Ln 16)		774		(128)		646
24.		(Ln 8 - Ln 17)		163,930		(18,166)		145,764
25.	Total	,,	\$	11,507,450	- - -	(1,453,180)	\$ _	10,054,270
Mo	di-Cal MAA Reimbursement							
-	Service Functions 01-09	(MIII070 I = 11 Cal A)	•	0	ď	0	ø	0
		(MH1979, Ln 11, Col. A)		0		0	\$	0
	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
	Service Functions 21-19	(MH1979, Ln 13, Col. A)		0	_	0	·	0
29	Total		\$_	0	_ \$	0	. \$ _	0

## HUMBOLDT COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COU	NTY OPERATED FEDERAL					Audit		
4	ant Negotiated Rates Exceed Cost		_	As Settled	_	Adjustments	_	As Audited
		(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
	•	(MH 1968, Ln 38, 38A)	Ф	0	Ф	0	Ψ	0
	•	(MH1968, Ln 39)		0		0		0
		(MH1968, Ln 39)		. 0		0		0
	·	(MH 1968, Ln 40, 40A)		0		0		0
	•	(MH 1968, Ln 40, 40A)		0		0		0
36. '		(MIT 1908, LII 40, 40A)	<b>\$</b>	0	<b>s</b> –		<u> </u>	
٥٠.	Total		<b>"</b> =		<b>"</b> =		Ĵ=	
Medi	-Cal Administrative Reimbursement							
37.	Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	1,960,977	\$	(196,671)	\$	1,764,306
38.	Medi-Cal Administration	(MH 1979, Ln 5)	\$	817,374	\$	282,732	\$	1,100,106
<b>3</b> 9.	Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$_	817,374	\$_	282,732	\$_	1,100,106
Uast	thy Familias Administrative Daimhussamer							
	thy Families Administrative Reimbursement Healthy Families Administrative Reimbursement Limit	(MU1070 I = 9)	\$	16 470	æ	(1.920)	æ	14 641
	Healthy Families Administration		\$-	16,470	· \$_ \$	(1,829)	_	14,641
	Healthy Families Administrative Reimbursement	(MH1979, Ln 9) (Lower of Ln 40, Ln 41)	_	14,065	–		_	15,493
42.	Healthy Families Administrative Reimoursement	(Lower of Ln 40, Ln 41)	\$ =	14,065	. \$ =	576	»=	14,641
<u>Utili</u>	zation Review Reimbursement							
43.	Skilled Professional	(MH1979, Ln 14, Col. D)	\$_	221,562	. \$_	58,569	\$_	280,131
44.	Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$_	120,371	\$	(66,843)	\$_	53,528
Net 9	SD/MC Reimbursement - FFP							
	Direct Services	(MH1979, Ln 16,16A)	\$	6,041,976	æ	(791,377)	æ	5,250,599
	Enhanced (Children)	(MH1979, Ln 17,17A)	Ψ	0,041,270	Ψ	36,248	Ф	36,248
	Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
	MAA	(MH 1979, Ln 11, 12 & 1	3)	0		0		0
	Administrative Reimbursement	(MH1979, Ln 6)	,	408,687		141,366		550,053
	U.R. Skilled Professional	(MH1979, Ln 14)		166,172		43,926		210,098
	U.R. Other	(MH1979, Ln 15)		60,186		(33,422)		26,764
	Negotiated Rate-Payback	(MH1979, Ln 20)		00,100		0		20,701
	Subtotal- FFP	(1.111) / 5, 21, 20)	\$	6,677,020	- \$	(603,258)	\$	6,073,763
			=		= =		•	
54.	Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
<b>5</b> 5.	Quality Assurance Review Results	(Adj # )	-	0		0		0
56.	Total SD/MC Reimbursement - FFP		\$	6,677,020	\$	(603,258)	\$	6,073,763
	Healthy Families Reimbursement - FFP		-	=	=	(000,200)	· Ť=	5,5,7,7,5
	Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	107,058	\$	(11,892)	¢	95,166
	Negotiated Rate Exceed Costs	(MH1979, Ln 26)	Ψ	107,038	Ψ	(11,052)	Ψ	0
	Administrative Reimbursement	(MH1979, Ln 10)		9,142		375		9,517
	Total Healthy Families Reimbursement - FFP		\$	116,200		(11,517)	ς.	104,683
			Ψ:	110,200	= ":	(11,517)	= *=	.04,003
61.	Total - FFP (Ln 56 + Ln 60)		\$	6,793,220	_ \$	(614,775)	\$	6,178,446
								(To Sch. 1)

#### HUMBOLDT COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

			是称[6(1)]产资金级	(2)	系数图7(3) 于下海 第		C (4) 3 3 3 3 3 3	(5) ************************************		(6) The second	(7) (7)		्री (8) <sup>हु</sup> ं ी	(9)	₹ <sup>†</sup> /*(10)
			Medi-Cal	Enhanced -	Enhanced -	2,000	Total	Healthy		Medi-Cal	Enhanced -		Enhanced -	Total	Healthy
Legal			and Crossover	Children	Refugees	(	Gross Cost	Families		and Crossover	Children		Refugees	Gross Cost	Families
Entity			Gross Cost	Gross Cost	Gross Cost		Excl. HFP)	Gross Cost		Gross Cost	<b>Gross Cost</b>		Gross Cost	(Excl. HFP)	Gross Cost
Number	Legal Entity			I N P		Ē,	N T		[		O U T	Р	ATI	E N T	
	<del></del>		(MH 1968,	(MH 1968,	(MH 1968,	(	(Col. 1 to 3)	(MH 1968,	•	(MH 1968,	(MH 1968,		(MH 1968,	(Col. 6 to 8)	(MH 1968,
			Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)			Ln 27, 27A)		Ln 5, 5A, 10,10A)	Ln 16, 16A)		Ln 22)		Ln 27, 27A)
00112	Lincoln Child Center	æ	0 \$	0 \$	0 \$		0 \$	0 :	s	4,795 \$	0	\$	0 \$	4,795 \$	0
	Willow Glen Care Center	\$	0 \$	0 \$	0 \$		ŏ \$	Ď :		6,875 \$			0 \$	6,875 \$	ō
	Catholic Charities	\$	0 \$	0 <b>\$</b>	0 \$		0 \$	o :		111,087 \$			0 \$	111,989 \$	ō
	Humboldt Family Service Center	\$	0 \$	0 <b>s</b>	0 \$		0 \$	0 :	\$	103,950 \$			0 \$	103,950 \$	0
	Humbuldt Child Care Council	\$	0 \$	0 \$	0 \$	;	0 \$	0 :	\$	378,171 \$		\$	0 \$	379,607 \$	0
	Rosewood Care Center	\$	0 \$	0 \$	0 \$		0 \$	0 9	\$	9,945 \$			0 \$	9,945 \$	0
	Crestwood Behavior Health	\$	0 \$	0 \$	0 \$	;	0 \$	0 :	\$	258,122 \$		\$	0 \$	258,122 \$	0
00972		\$	0 \$	0 \$	0 \$	;	0 \$	0 :	\$	33,851 \$	0	\$	0 \$	33,851 \$	0
	Probation System of Care	\$	0 \$	0 \$	0 \$	;	0 \$	0 9	\$	245,283 \$		5	0 \$	258,491 \$	0
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	GRAND TOTAL	<b>s</b> -					s		<u> </u>	1,152,079 \$	15,546 \$	_		1,167,625 \$	

#### HUMBOLDT COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

Legal		:	Total Revenue	(12) Healthy Families	Total Revenue	Healthy Families	Total Net Cost	(16) Net Cost	Total Net Cost	Net Cost	Total MAA
Entity			(Excl. HFP)	Revenue	(Excl. HFP)	Revenue	(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
Number	Legal Entity	L	INPAT		OUTPAT		INPAT		OUTPA		Reimbursement
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Łn 31)					Ln 11-13)
00112	Lincoln Child Center	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	4,795 \$	0 \$	0
	Willow Glen Care Center	\$	0 \$		ō \$	0 <b>\$</b>	0 <b>\$</b>	0 \$	6,875 \$	0 \$	Ō
	Catholic Charities	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	111,989 \$	0 \$	0
	Humboldt Family Service Center	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	103,950 \$	0 \$	0
	Humbuldt Child Care Council	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	379,607 \$	0 \$	0
00922	Rosewood Care Center	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	9,945 \$	0 \$	0
00949	Crestwood Behavior Health	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	258,122 \$	0 \$	0
00972	TRTF	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	33,851 \$	0 \$	0
01024	Probation System of Care	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	258,491 \$	0 \$	0
0	C	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	C	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
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0		\$	0 \$	0 \$	0 \$	0 \$	o <b>\$</b>	0 \$	0 \$	0 \$	ő
,	GRAND TOTAL	<b>\$</b>							1,167,625 \$		0

#### HUMBOLDT COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

		gr.	(20)	(21)			(24)	(25)	(26)	¥ (27)	(28)
Legai			Neg. Rates Exceed Costs	Neg. Rates Exceed Costs	Neg. Rates Exceed Costs	Neg. Rates Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity			(Excl. HFP)	Healthy Families	(Excl. HFP)	<b>Healthy Families</b>	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity	[	INPA	TIENT		TIENT	(FFP)	(FFP)	(FFP)	Maximum	Maximum
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
00112	Lincoln Child Center	\$	0 \$	0 \$			2,539 \$	0 \$		0 \$	2,539
00529	Willow Glen Care Center	\$	0 \$	0 \$	0 \$	0 9		0 \$		0 \$	3,640
00653	Catholic Charities	\$	0 \$	0 \$	0 \$	0 \$		0 \$		0 \$	59,769
00743	Humboldt Family Service Center	\$	0 \$	0 \$	0 \$	0 \$		0 \$		0 \$	55,455
00873	Humbuldt Child Care Council	\$	0 \$	0 \$	0 \$	0 \$		0 \$		0 \$	202,487
00922	Rosewood Care Center	\$	0 \$	0 \$	0 \$	0 \$		D \$		0 \$	5,326
00949	Crestwood Behavior Health	\$	0 \$	0 \$	0 \$	0 \$		D \$		0 \$	137,082
00972	TRTF	\$	0 \$	0 \$	0 \$	0 \$		0 \$		0 \$	18,055
01024	Probation System of Care	\$	0 \$	0 \$	0 \$	0 \$	139,233 \$	0 \$	139,233 \$	0 \$	139,233
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	D \$	0
O		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	- 0 \$	0 \$	D \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O	1	0 \$	` 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
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0	+	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	(	<b>)</b> \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
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0	(	\$ 0	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
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0		\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
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0	(	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O	(	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	(	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O	(	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	D \$	0
O	(	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	D \$	0
0	(	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
C	C	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	· ·	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
O	Ċ	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
О	C	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	C	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	(	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	Ō
	GRAND TOTAL	\$_		0 \$	0 \$	0 \$	623,586 \$	0 \$	623,586 \$		623,586

(10 Sch. 1)

(To Sch. 1)

#### HUMBOLDT COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2004

			Audit	
	-	As Settled	Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18	3) (including contractors) (Adj. 63) \$	11,215,875 \$	(1,229,109) \$	9,986,766
(2) Total SD/MC Claims	(Adjustment 64, 66 & 68)	11,415,993	(518)	11,415,475
(3) Percent % (Line 1/Line 2)		0.9825	(0.1077)	0.8748
(4) EPSDT Claims	(Adjustment 65, 67 & 69)	6,593,692	(518)	6,593,174
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)		6,478,302	(710,593)	5,767,709
(6) Cost Settled Baseline for EPSDT		364,484	0	364,484
(7) Net Cost Settlement Amount (Line 5 - Line 6)		6,113,818	(710,593)	5,403,225
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)		2,855,153	(331,847)	2,523,306
(8a) FY 2001-02 EPSDT Settlement		2,345,767	0	2,345,767
(8b) Annual Local Growth (L. 8 - 8a)		509,386	(331,847)	177,539
(9) County Match 10% of Local Growth (8b x 10%)		50,939	(33,185)	17,754
(10) Net Cost Settlement Amount (L. 8 - 9)	( Adjustment 70)	2,804,214	(298,662)	2,505,552
(11) SGF Distribution (Settled and Audited)	( Adjustment 73)	2,804,214	(207)	2,804,007
(12) SGF Due State	( Adjustment 74) \$	0 \$	(298,455) \$	(298,455)

#### Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

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Provider	<del></del>				Provider Number		No. of Adj.				i Ended
	HUMBOLDT	COUNT	′		00012	╀-	74 	_	June	9 30, □	2004
	Report Refe	erence					As Reported		Increase (Decrease)		As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS 	<u> </u>		-		-	
				ADJUSTMENTS TO REPORTED COSTS	<u> </u>						
1	MH 1960	1	С	MENTAL HEALTH EXPENDITURES		\$	20,842,177	\$	(163,019)	\$	20,679,158
				To adjust Mental Health Expenditures from MH 1960 to decrease Health Expenditures to agree with the County's records and supp documents.	overall Mental orting						
2	MH 1960	2	С	ENCUMBRANCES		\$	0	\$	163,967	\$	163,967
				To adjust the encumbrances to agree with the County's records a supporting documentation.	nd						
3	MH 1960	3	С	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY)		\$	(2,117,147)	\$	669,671	\$	(1,447,476)
				To adjust the payments to contract providers to agree with the Co records and supporting documentation.	ounty's						
4	MH 1960	4	С	OTHER ADJUSTMENTS		\$	(1,806,194)	\$	(660,001)	\$	(2,466,195)
				To adjust other adjustments to reclassify IMD expenditures that with the "Payments to Contract Providers" (MH 1960, Line 3) of the	vere included ne cost report.						
5	MH 1960	6	С	MEDI-CAL ADJUSTMENTS FROM MH 1961		\$	66,560	\$	49,700	\$	116,260 *
				To adjust Medi-Cal Adjustments from MH 1961 to reflect the char applied costs, fixed assets and allowable depreciation costs. A s adjustment is also included with Medi-Cal Adjustments. See MH of this adjustment.	elf-insurance						
6	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$	16,985,396	\$	60,319	\$	17,045,715
				To adjust allowable costs for allocation to reflect the effect of adju 1 through 5 above.	stments						
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.							

Provide				<del></del>	Provider Number	No. of Adj.	Fiscal	Period Ended
	HUMBOLDT	COUNT	Y		00012	74	June	∋ 30, 2004
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS	<u>3</u>			
7 8 9 10	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS  To adjust SD/MC, Healthy Families and Non-SD/MC administratic result of adjustments 1 through 5 above. The distribution betwee Healthy Families and Non-SD/MC administrative costs were base reported administrative costs reflected on the original cost report.	n SD/MC ed on the	\$ 817,374 \$ 14,065 \$ 316,608 \$ 1,148,047	\$ 316,005 \$ 5,438 \$ 122,404 \$ 443,846	\$ 1,133,379 * \$ 19,503 * \$ 439,012 * \$ 1,591,893 *
11 12 13	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS  To allocate SD/MC, Healthy Families and Non-SD/MC administration	**	\$ 1,133,379 \$ 19,503 \$ 439,012 \$ 1,591,893	\$ (33,273) \$ (4,010) \$ 37,282 \$ 0	\$ 1,100,106 \$ 15,493 \$ 476,294 \$ 1,591,893
14 15 16 17	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	0000	based on the gross cost method of allocation. The County could be the method used to distribute the costs between the above category the auditor utilized a reasonable and acceptable method.  SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS  To adjust utilization review costs to agree with the County's record supporting documents. The gross cost method of allocation was a since the County could not support a reasonable or acceptable method.	not demonstrate ories, therefore, ds and utilized	\$ 221,562 \$ 120,371 \$ 132,447 \$ 474,380	\$ 58,569 \$ (66,843) \$ (14,916) \$ (23,190)	\$ 280,131 \$ 53,528 \$ 117,531 \$ 451,190
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provider	<del></del>				Provider Number	No. of Adj.		Period Ended
	HUMBOLDT	COUNT	1		00012	74	June	30, 2004
_	Report Refe	erence				As	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	MENTS 	Reported	(Decrease)	Aujusteu
710.				ADJUSTMENTS TO ALLOCATION OF COSTS  MODES OF SERVICE	<u>s 10</u>			
18 19 20 21	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964	2 4 5 6 8	A A A A	HOSPITAL INPATIENT SERVICES (MODE 05 - SFC 10-19) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRA OUTREACH SERVICES (MODE 45) SUPPORT SERVICES (MODE 60) TOTAL	M 2)	\$ 2,490,470 \$ 1,478,922 \$ 10,740,932 \$ 182,584 \$ 470,061 \$ 15,362,969	\$ (5,061) \$ (22,257) \$ (465,656) \$ 0 \$ 132,636 \$ (360,338)	\$ 2,485,409 \$ 1,456,665 \$ 10,275,276 \$ 182,584 \$ 602,697 \$ 15,002,631
				To reflect adjustments 1 through 5 above.  ADJUSTMENTS TO REPORTED TOTAL UNITS OF S	SERVICE/TIME			
23 24 25 26	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	2 2 2 2 2	B C D E F	SFC 15-01 (Page 1 of 1) SFC 15-10 (Page 1 of 1) SFC 15-30 (Page 1 of 1) SFC 15-60 (Page 1 of 1) SFC 15-70 (Page 1 of 1)		1,371,466 149,315 1,578,549 924,410 154,337	2,993 0 732 (7,319) 7	1,374,459 149,315 1,579,281 917,091 154,344
27 28 29 30 31 32 33	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	2 2 2 2 2 2 2 2 2	B C D E F G J K K L	1234 SFC 15-30 1234 SFC 15-60 1234 SFC 15-69 1235 SFC 15-30 1236 SFC 15-30 1237 SFC 15-30 1248 SFC 15-58 1251 SFC 15-58 1258 SFC 15-58 12709 SFC 15-58 To adjust the total units of time to agree with the County's record documents. The source document was the CMHC Report 131.	Program 2	0 0 3,945 0 0 77,734 447,283 0 0	0 0 700 32,285 (32,985) (29,353) 7,890 16,423 5,040	0 0 3,945 700 32,285 44,749 417,930 7,890 16,423 5,040
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				<u> </u>

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Provide					Provider Number	No. of Adj.		eriod Ended
	HUMBOLDT	COUNT	Υ		00012	74	June	30, 2004
Adj.	Report Refe	erence	<u> </u>	EXPLANATION OF AUDIT ADJUSTN	ENTS	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN				
34 35 36 37 38 39 40 41 42	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL		918,979 3,102,457 7,979 19,259 0 0 14,185 51,764 4,114,623	(12,513) (345,836) 23 4,442 3,810 24,041 0 329 (5,929) (331,633)	906,466   2,756,621   8,002   23,701   3,810   24,041   0   14,514   45,835   3,782,990   **
				To adjust the above mentioned settled units of service/time for the Operated facilities to agree with the State DMH Approved Claims dated April 30, 2008 (Excluding disallowed claims of 20,599 uos/t submitted workpapers to the County which shows the details of the adjustments. Phase II was included.	Report lot). The auditor			
43	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/04 TOTAL		906,466 2,756,621 8,002 23,701 3,810 24,041 0 14,514 45,835 3,782,990	0 (211) 0 0 0 0 0 0 0 0 0	906,466 * 2,756,410 * 8,002 * 23,701 * 3,810 * 24,041 * 0 * 14,514 * 45,835 * 3,782,779 *
				To adjust the State DMH Approved Claims Report dated April 30, the results of the EPSDT audit findings. This audit was conducted DMH Oversight Branch.				
		<u></u>		* Balance carried forward to subsequent adjustment.  * Balance brought forward from prior adjustment.				

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Provider	HUMBOLDT (	COUNT			Provider Number 00012	No. of Adj. 74	Fiscal Per June 3	
	Report Refe				IENTO	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENIS		(200,000)	
				ADJUSTMENTS TO REPORTED MEDICAL UNICOUNTY PROVIDERS - PROGRAMS 1 AN	TS/TIME D 2			
45 46 47 48	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03  MEDI-CAL UNITS 10/01/03 - 06/30/04  MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03  MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/03  ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03  ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04  ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03  HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03  HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04  TOTAL	** ** 4  **  **  **  **  **  **  **  *	906,466 2,756,410 8,002 23,701 3,810 24,041 0 14,514 45,835 3,782,779	(309) 2,037 0 0 0 0 0 0 0 (120) 1,608	906,157 * 2,758,447 * 8,002 * 23,701 * 3,810 * 24,041 * 0 * 14,514 * 45,715 * 3,784,387 *
<b>4</b> 9 50	MH 1966A MH 1966A MH 1966A	8 8A 9	TOTAL TOTAL TOTAL	To adjust the SD/MC, Enhanced and Healthy Families units of se to agree with the County's records (The County's records already uos/uot entered into the DCS) and supporting documents. The a submitted work papers to the County which shows the details of t adjustments. Phase II was included.  MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	deducted the uditor he above	906,157 2,758,447 8,002 23,701	(251) (1,917) 0 0	905,906 * 2,756,530 * 8,002 * 23,701 *
51	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/03 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 06/30/04 TOTAL	** ** ** ** ** **	3,810 24,041 0 14,514 45,715 3,784,387	0 0 0 0 0 0 (2,168)	3,810 * 24,041 * 0 * 14,514 * 45,715 * 3,782,219 *
				To adjust the above mentioned units of service/time to incorporat of the lower of DMH approved units vs. the County's records by S auditor submitted work papers to the County which shows details adjustments. Phase II was included.  * Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.	SFC. The			

ır				Provider Number	No. of Adj.	Fiscal Pe	riod Ended
HUMBOLDT	COUNT	Υ		00012	74	June 3	30, 2004
Report Refe	erence				As	Increase	As
Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	MENTS	Reported	(Decrease)	Adjusted
			ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS	TS/TIME			
MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL  To adjust the above mentioned settled units of service/time for the Operated facilities to agree with the State DMH Approved Claims dated April 30, 2008 (Excluding disallowed claims of 7,884 uos/uc submitted workpapers to the County which shows the details of the	4 **  **  **  **  **  **  **  e County  Report  ot). The auditor	125,573 389,317 0 0 0 0 0 0 0 514,890	(1,081) (2,737) 0 0 1,081 7,151 0 0 180 4,594	124,492 * 386,580 * 0 * 0 * 1,081 * 7,151 * 0 * 0 * 180 * 519,484
MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A		MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL  To adjust the County's records to incorporate the results of the Effindings. This audit was conducted by the State DMH Oversight E Balance carried forward to subsequent adjustment.	4 **  **  **  **  **  **  **  PSDT audit	124,492 386,580 0 0 1,081 7,151 0 0 180 519,484	0 0 0 0 0 0 0 0	124,492 * 386,580 * 0 * 0 * 1,081 * 7,151 * 0 * 180 *
	Report Refe Form/ Sch. MH 1966A MH 1966A	Report Reference Form/ Sch. Line  MH 1966A 8 MH 1966A 9 MH 1966A 9A MH 1966A 10A MH 1966A 10B MH 1966A 11A  MH 1966A 11A  MH 1966A 11A  MH 1966A 9A MH 1966A 11A  MH 1966A 10A MH 1966A 9A MH 1966A 10A MH 1966A 10B	Report Reference   Form/ Sch.   Line   Col.	Report Reference	Report Reference	Report Reference	Report Reference

Provide	г	<del></del>		<del></del>	Provider Number	No. of Adj.	Fiscal	Period Ended
	HUMBOLDT	COUNT	Υ		00012	74	Jun	e 30, 2004
Adj.	Report Refe	erence		EXPLANATION OF AUDIT ADJUSTN	IENTS	As Reported	increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN				
58 59	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL		124,492 386,580 0 0 1,081 7,151 0 0 180 519,484	0 0 0 0 0 0 0 0 (180)	124,492 386,580 0 0 1,081 7,151 0 0 0 519,304
				To adjust the above mentioned units of service/time to incorporate of the lower of DMH approved units vs. the County's records by S auditor submitted work papers to the County which shows details adjustments. Phase II was included.  ADJUSTMENTS TO REPORTED SD/MC SETTL COUNTY PROVIDERS	FC. The of the above			
60 61	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD TOTAL HEALTHY FAMILIES REIMBURSEMENT  To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Familie to adjustments to costs, units of service/time.		\$ 6,677,020 \$ 116,200	\$ (603,257) \$ (11,517)	\$ 6,073,763 \$ 104,683
				* Balance carried forward to subsequent adjustment.  * Balance brought forward from prior adjustment.				

Table 1 and 1 and 1 and 2 and 2 and 2 and 3 and

Provider	HUMBOLDT	COUNT			Provider Number 00012		No. of Adj. 74		Fiscal June	eriod 30, 2	
	Report Refe						As		Increase		As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS		Reported		(Decrease)		Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTL CONTRACT PROVIDERS	<u>EMENT</u>						
<b>6</b> 2	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SE TOTAL HEALTHY FAMILIES REIMBURSEMENT	D/MC)	\$ \$	632,149 0	\$ \$	(8,563) 0	\$ \$	623,586 0
				To adjust the SD/MC (FFP) and Healthy Families (FFP) due to act to revenues and units of service/time.	ljustments						
				Lincoln Child Center Willow Glen Care Center Catholic Charities Humboldt Family Service Center Humbuldt Child Care Council Rosewood Care Center Crestwood Behavior Health TRTF Probation System of Care		<b>\$</b>	2,539 3,675 60,093 55,645 204,874 5,326 144,241 18,055 137,701	\$	0 (35) (324) (190) (2,387) 0 (7,159) 0 1,532	\$	2,539 3,640 59,769 55,455 202,487 5,326 137,082 18,055 139,233
						`\\$ <u> </u>	632,149	\$=	(8,563)	\$	623,586
63	SCH 4	1	3	ADJUSTMENTS TO AS SETTLED EPSDT STATE GEN  SD/MC ACTUALS  To adjust SD/MC actuals as a result of adjustments to total comp as reflected in the MH 1979 forms for both the County Program a providers. The amounts utilized for this purpose was SD/MC and Outpatient services only.	utable Medical Costs nd its contract	<b>\$</b>	11,215,875	<b>\$</b>	(1,229,109)	\$	9,986,766
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.							

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Provider		COLINE			Provider Number 00012		No. of Adj. 74				d Ended		
	HUMBOLDT		T			+		+	Jun-	30,	2004		
Adj.	Report Ref	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	STMENTS		MENTS		As Reported		Increase (Decrease)		As Adjusted
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GEN	IERAL FUNDS								
<b>64</b> <b>6</b> 5	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		\$	11,415,993 6,593,692	\$	(28,138) (28,138)	\$	11,387,855 * 6,565,554 *		
				To adjust total SD/MC claims and EPSDT claims to include the re audit of the EPSDT Program conducted by the State Department reflected in the report dated March 3, 2008. The Report covered April 1, 2004 through June 30, 2004. This represents the original	of Mental Health as the period from								
66 67	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	**	ĮΨ	11,387,855 6,565,554	\$	28,138 28,138	\$	11,415,993 * 6,593,692 *		
				To adjust total SD/MC claims and EPSDT claims to reverse the or included in adjustments 64 and 65 above. The revised findings at Claims and EPSDT Claims" will be taken in adjustments 68 and 6	ffecting "Total SD/MC		. •						
68 69	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	**	\$	11,415,993 6,593,692	\$ \$	(518) (518)	\$	11,415,475 6,593,174		
				To adjust total SD/MC claims and EPSDT claims to include the re revised audit of the EPSDT Program conducted by the State Department of the report dated March 3, 2008. The Report covers April 1, 2004 through June 30, 2004. This represents the revised	artment of Mental Health ed the period from								
70	SCH 4	10	3	NET COST SETTLEMENT AMOUNT		\$	2,804,214	\$	(298,662)	\$	2,505,552		
				To adjust net cost settlement amount as a result of adjustments to (Total Computable Medical), total SD/MC claims and EPSDT claim									
71	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		\$	2,804,214	\$	(11,261)	\$	2,792,953 **		
				To adjust State General Fund Distribution to include the results of audit of the EPSDT Program conducted by the State Department of reflected in the report dated March 3, 2008. The Report covered the April 1, 2004 through June 30, 2004. This represents the SGF original terms of the subsequent adjustment.  * Balance brought forward from prior adjustment.	of Mental Health as he period from								

Provider	HUMBOLDT	COUNT	Υ		Provider Number 00012		No. of Adj. 74		Period	Ended 2004
	Report Refe	erence					As	Increase		As
Adj. <b>N</b> o.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS 		Reported	(Decrease)		Adjusted
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GEN	IERAL FUNDS					
72	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	•	** <b>\$</b>	2,792,953	\$ 11,261	\$	2,804,214
				To adjust State General Fund Distribution to reverse the original sincluded in adjustment 71 above. The revised findings affecting "Distribution" will be taken in adjustments 73 below.						•
				To adjust the State General Fund Distribution to reverse the origin reflected in the EPSDT Final Report dated March 3, 2008.	nal recouped amount					
73	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	*	\$	2,804,214	\$ (207)	\$	2,804,007 *
				To adjust the State General Fund Distribution to reflect the results findings included in the final report dated March 3, 2008.	of the revised EPSDT					
74	SCH 4	12	3	STATE GENERAL FUNDS DUE STATE		\$	0	\$ (298,455)	\$	(298,455)
				To adjust State General Funds due State as a result of adjsutment Cost Settlement Amount and State General Fund Distribution as f						
				Audited Net Cost Settlement Amount Adj. 70 Audited State General Fund Distribution Adj. 73	\$ 2,505,552 2,804,007					
				Net State General Funds due to State	\$ (298,455)					
						}				
				* Balance carried forward to subsequent adjustment.						
			,	** Balance brought forward from prior adjustment		<u> </u>		 	<u>L</u>	<del></del>

#### **DEPARTMENT OF MENTAL HEALTH**

## CALCULATION OF PROGRAM COSTS MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: HUMBOLDT COUNTY

County Code: 12

	Legal Entity: HUMBOLDT COUNTY	Α	В	С
Leg	gal Entity Number: 00012	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	12,871,340	7,807,818	20,679,158
2	Encumbrances		163,967	163,967
3	Less: Payments to Contract Providers (County Only)		(1,447,476)	(1,447,476)
4	Other Adjustments from MH 1962		(2,466,195)	(2,466,195)
5	Total Costs Before Medi-Cal Adjustments	12,871,340	4,058,114	16,929,454
6	Medi-Cal Adjustments from MH 1961		116,260	116,260
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation	. 2		17,045,715
	Administrative Costs (County Only)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9	SD/MC Administration			1,100,106
10	Healthy Families Administration			15,493
11	Non-SD/MC Administration	1 - M	A Section 1	476,294
12	Total Administrative Costs			1,591,893
		<u> </u>		
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel		and the second	280,131
14	Other SD/MC Utilization Review			53,528
15	Non-SD/MC Utilization Review			117,531
16	Total Utilization Review Costs			451,190
				<u> </u>
17	Research and Evaluation (County Only)		<u> </u>	
			* * * * * * * * * * * * * * * * * * * *	
18	Mode Costs (Direct Service and MAA)			15,002,632
	<del></del>			47.045.745
[19]	Total Costs - Lines 9 through 18			17,045,715

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (08/04)

#### DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: HUMBOLDT COUNTY
County Code: 12

	Legal Entity: HUMBOLDT COUNTY	A	В	C
Lε	gal Entity Number: 00012	Salaries		Total
		and Benefits	Other	Adjustments
1	Per Audit		· .	
2				
3	Fixed Assets		(20,991)	(20,991)
4	Depreciation		45,202	45,202
5	PRG & Grant Depreciation		(2,502)	(2,502)
6	Administrative Depreciation		9,107	9,107
7	QA Depreciation		85	85
8				
9	Self-Insurance Adjustment		<u>85,</u> 359	85,359
10				
11				
12				
13		_		
14				
15				
16				
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19				
20				_
20 21			_	_
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24 25				
26				
27	<del></del>			
28	<del></del>			
29	<del></del>	<del></del>	<del>+</del>	
30	<del></del>			
31		_	<del>-</del>	
읡	<del></del>			
32		<del>-  </del>	<del></del>	
33	<del></del>		<del></del>	
34			440.000	440.000
35	Total Adjustments		116,260	116,260

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY OTHER ADJUSTMENTS MH 1962 (08/04)

**DEPARTMENT OF MENTAL HEALTH** 

FISCAL YEAR 2003 - 2004

County: HUMBOLDT COUNTY

County Code: 12

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	Legal Entity: HUMBOLDT COUNTY	A	В	С
Le	gal Entity Number: 00012	Salaries		Total
		and Benefits	Other	Adjustments
1	Per Original Cost Report			
2				
3	Excluded Expenses		(824,037)	(824,037)
4	Grant Programs		(591,427)	(591,427)
5	Payments to IMD providers		(389,567)	(389,567)
6	Clearing		(800)	(800)
7	Over/Short		(363)	(363)
8				
9	Per Audit			
10	 			
11	Payments to IMD providers		(660,001)	(660,001)
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(2,466,195)	(2,466,195)

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (08/04)

**DEPARTMENT OF MENTAL HEALTH** 

FISCAL YEAR 2003 - 2004

County: HUMBOLDT COUNTY

County Code: 12

	Legal Entity: HUMBOLDT COUNTY	A
Le	gal Entity Number: 00012	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	15,002,632
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	2,485,409
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	1,456,665
5	Outpatient Services (Mode 15 Program 1 + Program 2)	10,275,276
6	Outreach Services (Mode 45)	182,584
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	602,697
9	Total - Lines 2 through 8	15,002,632

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: HUMBOLDT COUNTY County Code: 12

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Lea									
Len	Legal Entity: HUMBOLDT COUNTY		A	В	C.	D	E	F	G
	al Entity Number: 00012  Mode: 05 - Hospital Inpatient (SFC 10-19)  Allocation Percentage Total Units			Service	Service	Service	Service	Service	Service
	Mode: 05 - Hospital Inpatient (SFC 10-	-19)	Mode Total	Function	Function	Function	Function	Function	Function
			l	10	_19				
			100.00%	76.34%	23.66%				
				2,939	911				<u> </u>
3	Gross Cost		2,485,409	1,897,303	588,106				
4	Cost per Unit			645.56	645.56				
	SMA per Unit			873.40	236.78				
	Published Charge per Unit			825.00	236.78				
	Negotiated Rate / Cost per Unit								
<b>;</b>		07/04/02 00/00/02							
3	Medi-Cal Units	07/01/03 - 09/30/03		318	99				
BA		10/01/03 - 06/30/04		1,040	336				
PA I	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03		128					
		10/01/03 - 06/30/04		424					
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
AOI	Enhanced CDMAC (Datamana) Units	10/01/03 - 06/30/04	<u>-</u>						
$\overline{}$	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11 1	Healthy Families (SED) Units	07/01/03 - 09/30/03	<u> </u>				<del></del>		<del></del>
1A	Non-Medi-Cal Units	10/01/03 - 06/30/04	<b>└─</b> ─┤	1 028	470				
	NOTEWINGUE CALL OF THE STATE OF			1,028	476				
3	Medi-Cal Costs	07/01/03 - 09/30/03	269,199	205,288	63,911				
3A	wedi-Cai Costs	10/01/03 - 06/30/04	888,292	671,383	216,909				
4,	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	319,431	277,741	41,690				
4A '	wedi-Oai SiviA Opper Erritis	10/01/03 - 06/30/04	1,069,256	908,336	160,920				
5,	Medi-Cal Published Charges	07/01/03 - 09/30/03	285,791	262,350	23,441				
5A '	wedi-Carr abiished Charges	10/01/03 - 06/30/04	937,558	858,000	79,558				
6	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
6A "		10/01/03 - 06/30/04							
7 .		07/01/03 - 09/30/03	82,632	82,632					
7A ^	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04	273,718	273,718					
Q		07/01/03 - 09/30/03	111,795	111,795					
8A ^	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	370,322	370,322		-			
à	1	07/01/03 - 09/30/03	105,600	105,600					
9A ^	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04	349,800	349,800					
0	Andiana Mandi Cal Cassana Manadiated Batan	07/01/03 - 09/30/03							
0A ^	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
1 _		07/01/03 - 09/30/03		===					,
1A E	Enhanced SD/MC (Children) Costs			<del></del>		+	i	<del></del>	
2 _		10/01/03 - 06/30/04 07/01/03 - 09/30/03			<del></del>				
2A E	Inhanced SD/MC (Children) SMA Upper Limits	10/01/03 - 06/30/04						-	
3		07/01/03 - 09/30/03	<del></del> +		+				
3A E	Inhanced SD/MC (Children) Published Charges	10/01/03 - 06/30/04							
4		07/01/03 - 09/30/03							
4A E	nhanced SD/MC (Children) Negotiated Rates	10/01/03 - 06/30/04	<del></del>						
									<del></del>
	nhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04			T			T	
		07/01/03 - 06/30/04							
	nhanced SD/MC (Refugees) Published Charges								
B E	nhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
9 I.,	lanktu Familia Casta	07/01/03 - 09/30/03					+		
5A H	lealthy Families Costs	10/01/03 - 06/30/04	646	646					
<u> </u>		07/01/03 - 09/30/03		<del></del>					
5A H	lealthy Families SMA Upper Limits	10/01/03 - 06/30/04	873	873		<del>+</del>			
		07/01/03 - 09/30/03			<del></del>			<del></del> +	
	ealthy Families Published Charges	10/01/03 - 06/30/04	825	825					
ial''		07/01/03 - 09/30/03	<del></del> +						
-	and the same of th								
-		10/01/03 - 06/30/04		<del></del>					

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

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FISCAL YEAR 2003 - 2004

County: HUMBOLDT COUNTY
County Code: 12

County Code: 12			CR	CR	CR	CR		
Legal Entity: HUMBOLDT COUNTY		A	В	С	0	<u>Ē</u>	F	G
Legal Entity Number: 00012		1 1	Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Functio
			20	85	91	95		
1 Allocation Percentage		100.00%	57.06%	9.41%	6.75%	26.78%		
2 Total Units		<del> </del> _	16,180	1,245	2,142	5,478		<u> </u>
3 Gross Cost	<del></del>	1,456,665	831,118	137,017	98,367	390,163		<u> </u>
4 Cost per Unit			51.37	110.05	45.92	71.22		T
5 SMA per Unit			85.68	183.46	_76.20	118.94		
Published Charge per Unit			80.00	130.00	55.00	90.00		
Negotiated Rate / Cost per Unit								
3 Mary Call Units	07/01/03 - 09/30/03		2,704	89		1,293		
Medi-Cal Units	10/01/03 - 06/30/04		7,371	209		3,777		
	07/01/03 - 09/30/03	I						
Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04				_			
10	07/01/03 - 09/30/03							
Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04			-				
IOB Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						_	
11	07/01/03 - 09/30/03		78			16		
Healthy Families (SED) Units	10/01/03 - 06/30/04		66			34		
2 Non-Medi-Cal Units			5,961	947	2,142	358		-
	107/04/00 00/00/00	040.700						
Medi-Cal Costs	07/01/03 - 09/30/03	240,783	138,896	9,795	∤	92,092		
13A	10/01/03 - 06/30/04 07/01/03 - 09/30/03	670,639 401,796	378,626 231,679	23,001		269,012		
Medi-Cal SMA Upper Limits				16,328	——	153,789		
E	10/01/03 - 06/30/04 07/01/03 - 09/30/03	1,119,127	631,547	38,343 11,570		449,236		
Medi-Cal Published Charges	10/01/03 - 06/30/04	344,260 956,780	216,320 589,680	27,170		116,370 339,930		
	07/01/03 - 09/30/03	930,700	209,000	27,170		339,530		
6A Medi-Cal Negotiated Rates	10/01/03 - 06/30/04							<u> </u>
7 Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
<u>/A</u>	10/01/03 - 06/30/04							
8 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
8A Wediestermen en eresseter en tepper simila	10/01/03 - 06/30/04							
9 Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
9A Wedicale Medical Glossover Labilistica Charges	10/01/03 - 06/30/04							
Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03		<del></del> -					
OA Medical childer our crossover regulated rates	10/01/03 - 06/30/04							
Enhanced SD/MC Costs	07/01/03 - 09/30/03							
1A	10/01/03 - 06/30/04							
Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03				_			
<u>ZA</u>	10/01/03 - 06/30/04							
Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
3A	10/01/03 - 06/30/04							
4 Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
4A Elimanoed Obinio Negotiated Rates	10/01/03 - 06/30/04							
5 Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04			<del></del> +	-			
6 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04			<del></del>				
7 Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04	<del></del>						
8 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04				<del></del>		-	
		F 445			==	4::2		
Healthy Families Costs	07/01/03 - 09/30/03	5,146	4,007	+		1,140		
9A	10/01/03 - 06/30/04	5,812	3,390	<u></u>		2,422		
Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	8,586	6,683			1,903		
0A(	10/01/03 - 06/30/04	9,699	5,655			4,044		
Healthy Families Published Charges	07/01/03 - 09/30/03	7,680	6,240			1,440		
1A	10/01/03 - 06/30/04	8,340	5,280			3,060		
Healthy Families Negotiated Rates	07/01/03 - 09/30/03		<del></del> +					
	10/01/03 - 06/30/04				+			
Non-Medi-Cal Costs		534,285	306,199	104,221	98,367	25,498		

STREET CONTROL CONTROL

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

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FISCAL YEAR 2003 - 2004

County: HUMBOLDT COUNTY County Code: 12

	Legal Entity: HUMBOLDT COUNTY Legal Entity Number: 00012			В	_C	D	E	F	G
Le	gal Entity Number: 00012			Service	Service	Service	Service	Service	Service
<u></u>	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
<u> </u>	IAMARKA BARRATAN		100.000	01	10	30	60	70	
1	Allocation Percentage		100.00%	22.56%	3.16%	33.47%	35.94%	4.87%	
2_	Total Units Gross Cost	<del></del>	0.404.000	1,374,459	149,315	1,579,281	917,091	154,334	
3			9,184,602	2,072,126	290,269	3,073,836	3,300,623	447,747	
4	Cost per Unit			1.51	1,94	1.95	3.60	2.90	
5	SMA per Unit			1.83	2.36	2.36	4.37	3.52	
6	Published Charge per Unit			1.75	2.30	2.30	4.10	3.30	
7	Negotiated Rate / Cost per Unit								
8	Madi California	07/01/03 - 09/30/03		257,966	22,970	318,200	159,253	24,302	
8A	Medi-Cal Units	10/01/03 - 06/30/04		799,899	106,029	901,575	454,805	70,609	
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03					7,874		
9A	wedicare/wedi-Cai Crossover Onits	10/01/03 - 06/30/04		-			23,277		
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03		347	243	1,843	837		
10A		10/01/03 - 06/30/04		7,255	2,316	9,602	3,086	297	
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03		1,804	762	7,773	3,871	210	
11A		10/01/03 - 06/30/04		14,959	4,127	14,862	10,874	792	
12	Non-Medi-Cal Units			292,229	12,868	325,426	253,214	58,124	
13		07/01/03 - 09/30/03	1,696,549	388,908	44,654	619,329	573,154	70,504	
13A	Medi-Cal Costs	10/01/03 - 06/30/04	5,008,523	1,205,923	206,121	1,754,782	1,636,850	204,848	
14		07/01/03 - 09/30/03	2,058,718	472,078	54,209	750,952	695,936	85,543	<del></del>
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	6,077,802	1,463,815	250,228	2,127,717	1,987,498	248,544	
15		07/01/03 - 09/30/03	1,969,265	451,441	52,831	731,860	652,937	80,197	-
15A	Medi-Cal Published Charges	10/01/03 - 06/30/04	5,815,023	1,399,823	243,867	2,073,623	1,864,701	233,010	
16	Madi Cal Name Fate & Balan	07/01/03 - 09/30/03							
16A	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04							
17		07/01/03 - 09/30/03	28,339				28,339		
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04	83,774				83,774		
18		07/01/03 - 09/30/03	34,409				34,409		
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	101,720			<del> </del>	101,720		
19		07/01/03 - 09/30/03	32,283	<del></del>		———	32,283	-	
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04	95,436				95,436		
20		07/01/03 - 09/30/03							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	7,595	523	472	3,587	3,012		
21A		10/01/03 - 06/30/04	46,097	10,938	4,502	18,689	11,107	862	
22 22A	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	9,216	13,277	573	4,349	3,658	1,045	
22A 23		07/01/03 - 09/30/04	55,934 8,837	607	5,466	22,661 4,239	13,486 3,432	1,045	
23A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04	53,740	12,696	5,327	22,085	12,653	980	
24		07/01/03 - 09/30/03		12,090	3,321	22,000	12,000	900	
24A	Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04			<del></del>	+		+	
İ						===			
$\overline{}$	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Espilian Conta	07/01/03 - 09/30/03	33,871	2,720	1,481	15,129	13,932	609	
29A	Healthy Families Costs	10/01/03 - 06/30/04	100,935	22,552	8,023	28,927	39,136	2,298	
30	Healthy Families SAAA Llaner Limits	07/01/03 - 09/30/03	41,099	3,301	1,798	18,344	16,916	739	
30A	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	122,496	27,375	9,740	35,074	47,519	2,788	
31	Healthy Families Published Charges	07/01/03 - 09/30/03	39,352	3,157	1,753	17,878	15,871	693	
31A		10/01/03 - 06/30/04	117,050	26,178	9,492	34,183	44,583	2,614	
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A '		10/01/03 - 06/30/04	T	T					

2,178,919

440,563

25,015

633,393 911,321

33 Non-Medi-Cal Costs

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: HUMBOLDT COUNTY County Code: 12

County: HUMBOLDT COUNT County Code: 12			мнѕ	MHS	MHS	MHS	ASO	ASO
Legal Entity: HUMBOLDT COUNT	Υ	Α	В	С	D	E	F	G
Legal Entity Number: 00012		Service	Service	Service	Service	Service	Service	
Mode: 15 - Outpatient (Progr	Mode Total	Function	Function	Function	Function	Function	Function	
			69	30	30	30	30	60
1 Allocation Percentage		100.00%	0.23%	0.11%	2.67%	4.06%	0.56%	0.01
2 Total Units			3,945	700	32,285	44,749	5,130	1:
3 Gross Cost		1,090,674	2,507	1,180	29,086	44,332	6,100	70
4 Cost per Unit			0.64	1.69	0.90	0.99	1.19	4.6
5 SMA per Unit			4.37	2.36	2.36	2.36	2.36	4.3
6 Published Charge per Unit								
7 Negotiated Rate / Cost per Unit		n 1						
8	07/01/03 - 09/30/03	*.*	385	700	4,515	5,609	1,485	
Medi-Cal Units	10/01/03 - 06/30/04	-	1,070		27,770	37,460	3,300	
0	07/01/03 - 09/30/03	118	1,070		27,770	- 01,100	- 0,000	
9A Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04	-						
10	07/01/03 - 09/30/03					540		
Enhanced SD/MC Units	10/01/03 - 06/30/04				-	1,140	345	
10B Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04			<del></del>	_	1,140	340	
11	07/01/03 - 09/30/03			<del></del>	-			
Healthy Families (SED) Units	10/01/03 - 06/30/04	100		<del></del>				
12 Non-Medi-Cal Units	110/01/03 - 00/30/04		2,490		+	<del></del>	-	_
Medi-Cal Costs	07/01/03 - 09/30/03	242,166	245	1,180	4,068	5,557	1,766	70
13A	10/01/03 - 06/30/04	844,851	680		25,018	37,111	3,924	
Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	280,964	1,682	1,652	10,655	13,237	3,505	66
14A	10/01/03 - 06/30/04	971,828	4,676		65,537	88,406	7,788	
Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A	10/01/03 - 06/30/04							
Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A Medi da Negotates Nates	10/01/03 - 06/30/04							
17	07/01/03 - 09/30/03							· · · · · ·
Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04				_			
10	07/01/03 00/30/03							_
Medicare/Medi-Cal Crossover SMA Upp	er Limits 10/01/03 - 06/30/04			_				
	07/04/02 00/00/02							
Medicare/Medi-Cal Crossover Published	10/01/03 - 06/30/04							
20 Modigaro Modi Cal Cassavos Nogotieto	07/01/03 - 09/30/03							
Medicare/Medi-Cal Crossover Negotiate	10/01/03 - 06/30/04	_						
21	07/01/03 - 09/30/03	535				535		
							410	
21A Emanced Solve Costs	10/01/03 - 06/30/04	1,540			——	1,129	410	
Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	1,274		<del></del>		1,274	814	
	10/01/03 - 06/30/04	3,505			+	2,690	814	
Enhanced SD/MC Published Charges	07/01/03 - 09/30/03			——— <u> </u>				
23A Enhanced SD/MC Polished Charges	10/01/03 - 06/30/04							
	07/01/03 - 09/30/03						<del></del>	
24A Elimentes Opinio Negetiates Nates	10/01/03 - 06/30/04					<u></u>		,
5 Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
Enhanced SD/MC (Refugees) SMA Uppe								
Printed SD/MC (Refugees) Published								
8 Enhanced SD/MC (Refugees) Negotiated	Rates 07/01/03 - 06/30/04							
9	07/01/03 - 09/30/03			-		-		
Healthy Families Costs	10/01/03 - 06/30/04			+		<del></del>	<del> </del>	
0	07/01/03 - 09/30/03	+	-			<del></del>	<del></del>	
Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	<del></del>		<del></del>		-		
1	07/01/03 - 09/30/03	<del></del>		-				
Healthy Families Published Charges	10/01/03 - 06/30/04					-		
				<del></del>				
Healthy Families Negotiated Rates	07/01/03 - 09/30/03			<del></del>		+		
2A Hodisty, diministry regellated Plates	10/01/03 - 06/30/04		<u>-</u> _+					
3 Non-Medi-Cal Costs		1,582	1,582			0	(0)	

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#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: HUMBOLDT COUNTY County Code: 12	TBS	TBS	TBS	TBS	
Legal Entity: HUMBOLDT COUNTY	H		J	К	L
Legal Entity Number: 00012	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)	Function	Function	Function	Function	Function

Legal Entity: HUMBOLDT COUNTY Legal Entity Number: 00012 Mode: 15 - Outpatient (Program 2)		H Service Function	Service Function	J Service Function	K Service Function	Service Function	M Service Function	N Servi Funct
		58	58	58	58			
1 Allocation Percentage 2 Total Units		87.37%	0.97%	3.43% 16,423	0.60% 5,040		<del> </del>	<del> </del> -
3 Gross Cost		417,930 952,880	7,890 10,573	37,444	6,502		<del> </del>	
								-
4 Cost per Unit		2.28	1.34	2.28	1.29			
5 SMA per Unit 6 Published Charge per Unit		2.36	2.36	2.36	2.36			-
7 Negotiated Rate / Cost per Unit							<del> </del>	
								==
	07/01/03 - 09/30/03	76,650	7,890	16,423	5,040			<u> </u>
8A	10/01/03 - 06/30/04	341,280					<u> </u>	ļ
Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							<del>                                     </del>
9A Wedicale/Wedi-Od/ Clossover Chils	10/01/03 - 06/30/04							<u> </u>
	07/01/03 - 09/30/03 10/01/03 - 06/30/04							
	07/01/03 - 06/30/04							
	07/01/03 - 09/30/03							
11A Healthy Families (SED) Units	10/01/03 - 06/30/04						<del>   </del>	<u> </u>
12 Non-Medi-Cal Units	10/01/03 - 00/30/04			+				<del></del>
	07/01/03 - 09/30/03	174,762	10,573	37,444	6,502			
[13A	10/01/03 - 06/30/04	778,118						
	07/01/03 - 09/30/03	180,894	18,620	38,758	11,894			
14A	10/01/03 - 06/30/04	805,421						
	07/01/03 - 09/30/03							_
15A	10/01/03 - 06/30/04		1					
	07/01/03 - 09/30/03							
16A	10/01/03 - 06/30/04				}			
17 Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A Wedicare/Wedi-Car Crossover Costs	10/01/03 - 06/30/04							
18 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A	10/01/03 - 06/30/04							
	07/01/03 - 09/30/03							
19A	10/01/03 - 06/30/04							
	07/01/03 - 09/30/03							
20A	10/01/03 - 06/30/04					_		
21	07/01/03 - 09/30/03							
	10/01/03 - 06/30/04	+						
22 Februard SDMC SMA Hancel imite	07/01/03 - 09/30/03							
	10/01/03 - 06/30/04		1					
22	07/01/03 - 09/30/03							
	10/01/03 - 06/30/04							
24	07/01/03 - 09/30/03							
	10/01/03 - 06/30/04							
25 Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
	07/01/03 - 06/30/04				+			
	07/01/03 - 06/30/04			—— <u> </u>			<del></del>	
	07/01/03 - 06/30/04					——		_
					===			
	07/01/03 - 09/30/03							
29A	10/01/03 - 06/30/04							
	07/01/03 - 09/30/03							
3UA	10/01/03 - 06/30/04					<del></del> -		
	07/01/03 - 09/30/03	+						
31A	10/01/03 - 06/30/04			——— <u> </u>				
	07/01/03 - 09/30/03		+	<del></del>				
32A Non-Medi-Cal Costs	10/01/03 - 06/30/04							

#### DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

**DETAIL COST REPORT** 

FISCAL YEAR 2003 - 2004

County: HUMBOLDT COUNTY

County Code: 12

CR

	Legal Entity: HUMBOLDT COUNTY	Α	В	С	D	E	F	G
Le	gal Entity Number: 00012		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units	100	79,519					
3	Gross Cost	182,584	182,584					
4	Cost per Unit		2.30					
5	Non-Medi-Cal Units	1 %	79,519					
6	Non-Medi-Cal Costs	182,584	182,584					e estan a

#### DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

**DETAIL COST REPORT** 

FISCAL YEAR 2003 - 2004

County: HUMBOLDT COUNTY

County Code: 12

CR CR

Legal Entity: HUMBOLDT COUNTY	A	В	С	D	E	F	G
Legal Entity Number: 00012		Service	Service	Service	Service	Service	Service
Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
		20	_30	<del></del>			
1 Allocation Percentage	100.00%	95.85%	4.15%		,	_	
2 Total Units		215,071	667				
3 Gross Cost	602,697	577,711	24,986				
Cost per Unit		2.69	37.46				<del>'</del>
Non-Medi-Cal Units (Same as Line 2)		215,071	667				
Non-Medi-Cal Costs (Same as Line 3)	602,697	577,711	24,986				

### DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

DEPARTMENT OF MENTAL HEALTH

	County: HUMBOLDT COUNTY												
	County Code: 12		REIMBURSEMENT TYPE			Costs		Costs		] [	Costs		
	Legal Entity: HUMBOLDT COUNTY		Α .	В	С	D	E	F	G	Н	1	J	к
Leg	al Entity Number: 00012		_			_	Total	ł			Total		Total
				Mode 55 S. F.'s 11-19.		Total MAA	Inpatient Mode 05-	Mode 05-Ali		Mode 15	Outpatient Exclude	Mode 15	Outpatient (Col. I + Col. J)
			S. F.'s 01-09	31-39	S. F.'s 21-29	MAX	Hospital	Other	Mode 10	Program (1)	Program (2)	Program (2)	(Cal. 1 + Cal. 3)
1	N. E.O. Co.	07/01/03 - 09/30/03	0.11.5 01.05	3,00	0.1.0 21 20		269,199	1	240,783	1,696,549	1,937,332	242,166	2,179,498
1A	Medi-Cal Costs	10/01/03 - 06/30/04					888,292		670,639	5,008,523	5,679,162	844,851	6,524,014
2	Medi-Cal SMA	07/01/03 - 09/30/03					319,431		401,796	2,058,718	2,460,514	280,964	2,741,478
2A	Medi-Cai SiaiA	10/01/03 - 06/30/04			,		1,069,256		1,119,127	6,077,802	7,196,929	971,828	8,168,756
3	Medi-Cal P. C.	07/01/03 - 09/30/03					285,791	<u> </u>	344,260	1,969,265	2,313,525		2,313,525
3A		10/01/03 - 06/30/04					937,558	<b></b>	956,780	5,815,023	6,771,803	•	6,771,803
4 4A	Medi-Cal N. R.	07/01/03 - 09/30/03 10/01/03 - 06/30/04	1					<del> </del>			- 1		
4A										-			
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03					269,199	i i	240,783	1,696,549	1,937,332	242,166	2,179,498
5A		10/01/03 - 06/30/04					888,292		670,639	5,008,523	5,679,162	844,851	6,524,014
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03			,	* * *	82,632			28,339	28,339		28,339
6A	Miculcaroniledi-Car Crossover Cost	10/01/03 - 06/30/04					273,718			83,774	83,774		83,774
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03				- '-	111,795			34,409	34,409		34,409
7A		10/01/03 - 06/30/04					370,322			101,720	101,720		101,720
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04					105,600			32,283	32,283		32,283
8A 9		07/01/03 - 09/30/03	+		5		349,800			95,436	95,436		95 <u>,436</u>
9A	Medicare/Medi-Cal Crossover N. R.	10/01/03 - 06/30/04	T	100		3.					-		
			1							00.000	20.000		
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04	+				82,632			28,339	28,339		28,339 83,774
10A				-			273,718			83,774	83,774		83,774
11	Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03				Page No.	351,831		240,783	1,724,887	1,965,671	242,166	2,207,836
11A	Total SD/MC + C103304el G1033 Reilli.	10/01/03 - 06/30/04	,			1000	1,162,010		670,639	5,092,298	5,762,937	844,851	6,507,788
12	F-h	07/01/03 - 09/30/03		12.0	· •	1 1 1				7,595	7,595	535	8,130
12 12A	Enhanced SD/MC (Children) Cost	10/01/03 - 06/30/04		5.5		100				46,097	46,097	1,540	47,637
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03		N .	4	i lore,				9,216	9,216	1,274	10,490
13A	Emilianced Sibrinic (Children) Sinin	10/01/03 - 06/30/04		r*	3.0	ر مالي				55 <u>,934</u>	55,934	3,505	59,439
14	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03			,	0.00				8,837	8,837		8,837
14A		10/01/03 - 06/30/04	4			2 2 2 3				53,740	53,740	-	53,740
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03 10/01/03 - 06/30/04	-	3 - 65									
15A				<u> </u>									
16	Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03	1.0	100		J. 199				7,595	7,595	535	B, 130
16A		10/01/03 - 06/30/04		-	- 2	1 1, 1				46,097	46,097	1,540	47, <u>637</u>
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04		, .		and the second							
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04		100 90	2 49	1.614.4.41							
19	Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04				11, 11, 12							
20	Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04		1 1 1	- 4	2.09 0,1							
21	Total Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03		the grant of	184 1		351,831		240,783	1,732,482	1,973,266	242,701	2,215,966
21A	(Excludes Refugees)	10/01/03 - 06/30/04	1 2 1	4 13 T/C	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.1 [5.8]	1,162,010		670,639	5,138,395	5,809,034	846,391	6,655,425
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04	15.00			5, 5, 373							
23	11 - Mr. Fr. 35 - O - 4	07/01/03 - 09/30/03	10 mg - 1 mg	2.1		16. 4.4			5,146	33,871	39,017		39,017
23A	Healthy Families Cost	10/01/03 - 06/30/04	1.1	1.00		14.5	646		5,812	100,935	106,747		106,747
24	Healthy Families SMA	07/01/03 - 09/30/03		N.	4 1 1				8,586	41,099	49,685		49,685
24A	Thousand Chart	10/01/03 - 06/30/04	1, 1	5 34 25	2000		873		9,699	122,496	132,195		132,195
25	Healthy Families P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04	197 ALA	14 . 10		ter 1			7,680	39,352	47,032	· · ·	47,032
25A		07/01/03 - 09/30/03			- 1		825		8,340	117,050	125,390		125,390
26 26A	Healthy Families N. R.	10/01/03 - 09/30/03			7.0	1	-	-					
			11 27 11 11			7 .					9.91		
27	Healthy Families Gross Reim.	07/01/03 - 09/30/03	75, 64, 4	1.4		11 25			5,146	33,871	39,017		39,017
27A	Less: Patient and Other Payor Revenue	10/01/03 - 06/30/04	1 2 2	## 1 Ta	<del> </del>	3.6	646		5,812	100,935	106,747		106,747
		107/04/02 00:000	1				407.004			2 444	6444		0.444
28 28A	SD/MC + Crossover Revenue	07/01/03 - 09/30/03 10/01/03 - 06/30/04	1	P 44.50 T	27.4 1 1	1	127,694 297,427		2,625	9,411 40,214	9,411 42,839		9,411 42,839
29A	Enhanced SD/MC (Children) Revenue	10/01/03 - 00/30/04		47.5			291,421	+	2,023	40,214	42,035		42,035
30	Enhanced SD/MC (Refugees) Revenue		1		+		— I	+		- 1			
31	Healthy Families Revenue		1										
32	Total Expenditures from MAA (Mode 55)		+			- 1	. —				. Br. C. M.		
33	Medi-Cal Eligibility Factor (Average)		+ +	<u> </u>		- t		-	<del> 1</del>	<del></del>	a see to be a second		
34	Revenue - MAA			T					- 1		100		
25	-	07/01/03 - 09/30/03					201.127		740 707	1702.074	1,963,855	242,701	2,206,555
35 35A	Net Due - SD/MC for Direct Services	10/01/03 - 09/30/03	1			. —	224,137		240,783 668,014	1,723,071 5,098,181		846,391	6,612,586
36	Net Due - Enhanced SD/MC (Refugees)	10/01/03 - 06/30/04	+ +				864,583	+	000,014	0,020,101	5,766,195	180,0#0	0,012,366
37		07/01/03 - 09/30/03	1 7 7	- 1			-		5,146	33,871	39,017		39,017
37A	Net Due - Healthy Families	10/01/03 - 06/30/04	1	- 1			646		5,812	100,935	106,747		106,747
	Amount Negotiated Rates Exceed Costs								-,,,,,,,			-	
		07/01/03 - 09/30/03	+ -						+		<del>  </del>		
38 38A	SD/MC (Includes Children)	10/01/03 - 06/30/04	+ + +	<del>'</del>	+		+		+	+	<del></del>	-	
39	Enhanced SD/MC (Refugees)	1.5.01100 - 00/30/04	<del>                                     </del>			-	-	<del></del>	+		f		
		07/01/03 - 09/30/03	+ + +				-		-				
39 40	Healthy Families	101101103 - 09130103											

#### DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

DEPARTMENT OF MENTAL HEALTH

### SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (08/04)

THE MARKET AND REPORT OF THE CONTROL 
County: HUMBOLDT COUNTY
County Code: 12

County Code: 12							1				
Legal Entity: HUMBOLDT COUNTY		_A	B	С	D	E	F	G	H		J
Legal Entity Number: 00012		Total	Total	Total		50.00%	54.35%	52.95%	<sup>1</sup> Variable %	75.00%	Total
		MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement (County											
1 County SD/MC Direct Service Gross Reimburse			1,513,840	8,871,391	10,385,231	1000				1.4	
2 Contract Providers Medi-Cal Direct Service Gro			209,182	1,167,625	1,376,807						
3 Total Medi-Cal Direct Service Gross Reimburse	ment				11,762,038						
4 Medi-Cal Administrative Reimbursement Limit			<u> </u>		1,764,306					2.1	
5 Medi-Cal Administration			<u> </u>		1,100,106						. <u> </u>
6 Medi-Cal Administrative Reimbursement	_				1,100,106	550,053			111		550,05
Healthy Families Administrative Reimbursemen	t (County Only)	-		7.5							
7 County Healthy Families Direct Service Gross R		1.	646	145,764	146,410	1.0	, ,	. "			· · · · · · · · · · · · · · · · · · ·
7A Contract Providers Healthy Families Direct Serv											
7B Total Healthy Families Direct Service Gross Rei			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10.0	146,410				N 7.4		
8 Healthy Families Administrative Reimbursement			1.5 1.5 1.5		14,641	100					
9 Healthy Families Administration			3.	Year St.	15,493						
10 Healthy Families Administrative Reimbursemen	t		e' y		14,641	2.00			9,517		9,51
<u> </u>			1 40 24								
	SD/MC Net Reimbursement for MAA		1 Sept 50 Co				_	47.14		d .	
Medi-Cal Admin. Activities Svc Functions 01 - 09			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			,	4				
	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39		The section	1.00					- 96		
13 Medi-Cal Admin. Activities Svc Functions 21 - 2	9 (County Only)			No. of the second							
14 Utilization Review-Skilled Prof. Med. Personnel	(County Only)		100		280,131	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			100	210,098	210,09
15 Other SD/MC Utilization Review (County Only)			1 1 1 1 1 1 1 1		53,528	26,764			4.10		26,76
				0.100.105			216.662	9 - 20 - 1	- Ca, 1 a 1	ed grades and a	
SD/MC Net Reimbursement for Direct Services	07/01/03 - 09/30/03		224,137	2,198,425	2,422,562	<u> </u>	1,316,662		1 1 1 1 1	1.60	1,316,662
16A	10/01/03 - 06/30/04	·	864,583	6,564,949	7,429,532		- 1	3,933,937		2 0 0 0	3,933,933
Enhanced SD/MC Net Reimb. (Children)	07/01/03 - 09/30/03			8,130	8,130	<u> </u>			5,284	n Augusta I	5,284
1/A	10/01/03 - 06/30/04			47,637	47,637		3.24		30,964	1 1 1	30,964
18 Enhanced SD/MC Net Reimb. (Refugees)							15 / 15 m				
19 Total SD/MC Reimbursement Before Excess FF	P			1 36 1.64				, ,	54.54.15		6,073,763
20 Amount Negotiated Rates Exceed Costs - SD/M						1 14					
21 Total SD/MC Reimbursement (FFP)				53 (1 to 2001)		The Second					6,073,763
Contract Limitation Adjustment				Just a Maria			- 174 m. W.C.				-,,
Adjusted Total SD/MC Reimbursement (FFP)							3.0				6,073,763
and the second s			, ph.				F		25.24		
Healthy Families Net Reimbursement	07/01/03 - 09/30/03		414	39,017	39,017		200		25,361	_	25,36
24A   -	10/01/03 - 06/30/04		646	106,747	107,392		, t.	- L. S.	69,805		69,80
Total Healthy Families Reimbursement Before E		<u> </u>			- 11	<u> </u>	· m··	2 1 1			104,683
26 Amount Negotiated Rates Exceed Costs - Health	ny Families									1.00	
27 Total Healthy Families Reimbursement			1.1	<u> </u>							104,683